



## Missouri Pharmacy Program – Preferred Drug List



### Oral AntiDiabetics: Thiazolidinediones

*Effective 12/16/2004*

*Revised 10/02/2014*

#### Preferred Agents

- Pioglitazone

#### Non-Preferred Agents

- Actos®
- Avandia®

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on **1 preferred agent**
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

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### Denial Criteria

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	History Date Range
Heart Failure	428.0 – 428.9	Digoxin Loop Diuretics ACEI or ARB Beta Blockers BiDil Aldosterone Inh	2 years

- Patients with symptomatic heart failure
  - Treated with 3 or more agents in the inferred therapy groups
- Concurrent use with insulin (*Avandia*)
- Concurrent use with nitrate therapy (*Avandia*)
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030